## STATEMENT OF PHIMICIAL INTEREST

State/District officials file with: Mark Martin, Secretary of State State Capitol, Room 026 Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3548

Calendar year covered 2012 (Note: Filing covers the previous calendar year) For assistance in completing this form contact: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203 Phone (501) 324-9600 Toll Free (800) 422-7773

Is this an amendment? Dec No.

Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting "Not Applicable" in that section. Do not leave any part of this form blank. If additional space is needed, you may attach the information to this document.

SECT.	ION 1- NAME AND ADDRESS			
Name	Hornibrook	Pete		
	(Last)	(First)		(Middle)
Addres	ss 1501 N. University Avenue (Street or P.O. Box Number)	e <u>, Suite 800, Litt</u> (City)	(State)	(Zip Code)
Phone	501-664-7807	, ,,	(====,	(
Spouse	's name Hornibrook	Judy		
	(Last)	(First)		(Middle)
All nan	nes under which you and/or your spouse do busin	less:		<del></del>
<u>SECTJ</u>	ON 2- REASON FOR FILING			
	Public Official		/	$\nabla \nabla \Gamma$
		(office held)	11 1/	\\\
	Candidate	( A)	<u> </u>	——————————————————————————————————————
	District Judge	(office sought)	-	¬\
_	District Judge	(name of municipality)		<u> </u>
	City Attorney		······································	
	Santa Community Annual Hand/Denominat I	(name of city)		
_	State Government: Agency Head/Department I	Director Division Director		partment/division)
	Chief of Staff or Chief Deputy			
	•	me of Constitutional Officer, Sena	•	ntatives)
	Public appointee to State Board or Commission	(name of board/	commission)	
	School Board member			
_		(name of school district)	RE	CEIAED
	Candidate for school board	(name or school district)	J/	N 23 2013
	Public or Charter School Superintendent	•		Arkansas
_	(na	me of school district/school)	Secr	etary of State
	Executive Director of Education Service Coope		of cooperative)	
	Appointee to one of the following municipal. on Planning board or commission	ounty or regional boards or cor	nmissions (list name o	
	☐ Airport board or commission			
	☑ Water or Sewer board or commission			
	☐ Utility board or commission			
	☐ Civil Service commission			

#### **SECTION 3. SOURCE OF INCOME**

List each employer and/or each other source of income from which you, your spouse, or any other person for the use or benefit of you or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For example: accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding \$1,000 from at least one source, the answer N/A is not correct.

a)	Check appropriate box:	
	1501 N. University Ave., St	of employer or source of income) e 800, Little Rock, AR 72207
	Pete Hornibrook	(address)
	(nan	ne under which income received)
<b>F</b>	Provide a brief description of the nature of the service President & CEI of Real Est	es for which the compensation was receivedate_Company
b) (	Check appropriate box:	00
	(name	of employer or source of income)
		(address)
	(nan	ne under which income received)
	Provide a brief description of the nature of the serv	rices for which the compensation was received
c)	Check appropriate box:	
	(name	of employer or source of income)
		(address)
	(nan	ne under which income received)
	Provide a brief description of the nature of the serv	rices for which the compensation was received
ď)	Check appropriate box:	00
	(name	of employer or source of income)
		(address)
	(nar	ne under which income received)
	Provide a brief description of the nature of the serv	vices for which the compensation was received

### **SECTION 4- BUSINESS OR HOLDINGS**

List the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period.

Check appropriate box: The Principle	☐ More than \$1,000	More than \$12,500
THE THOUSE		oration, firm or enterprise)
		(address)
	(name under	which investment held)
Check appropriate box:	☐ More than \$1,000	More than \$12,500
	(name of corp.	oration, firm or enterprise)
		(address)
	(name under	which investment held)
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Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
	(name of corpo	ration, firm or enterprise)
		(address)
	· (name under	which investment held)

### SECTION 5- OFFICE OR DIRECTORSHIP

List ever	y office or	directorship	held by you or	your spouse	in any business,	corporation,	firm, o	r enterprise subj	ect to ju	risdiction of	a
regulator	y agency o	of this State,	or of any of its	political sub	divisions.	-			•		

	1
a)	Rector Phillips Morse, Inc.
-/	(name of business, corporation, firm, or enterprise)
	1501 N. University Avenue, Ste. 800, Little Rock, AR 72207
	(address)
	President/CEO
	(office or directorship held)
	Pete Hornibrook
	(name of office holder)
ы	DBM Management Co. The
ь)	(name of business, corporation, firm, or enterprise)
	1501 N. University Ave. Ste. 930, Little Rock, AR 72207
	(address)
	CEO.
	. (office or directorship held)
	Pete Hornibrook
	(name of office holder)
	!
<u>SEC)</u>	CION 6- CREDITORS
a) _	Not Applicable (name of creditor)
	(name of creditor)
b)	(address of creditor)
ے (ن	(name of creditor)
_	(address of creditor)
c)	
_	(name of creditor)
	(address of creditor)
OT OF	MANUE AND ANTOR OR CO MARKET
2FC X	TION 7- GUARANTOR OR CO-MAKER
Lister	ach guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or
	led and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)
	I
a)	Not Applicable
	(name)
_	
• •	(address)
b)_	(name)
	(address)

FROM-Rector Phillips Morse

### **SECTION 5- OFFICE OR DIRECTORSHIP**

03:53PM

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

a)	Coldwell Banker RPM
•	(name of business, corporation, firm, or enterprise)
	1501 N. University Avenue, Suite 800,   ittle Rock, AR 72207
	—CEO (address)
	(office or directorship held)
	Pete Hornibrook
	(name of office holder)
b)	
u,	(name of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
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	Not Applicable
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·/_	(name of creditor)
c)	(address of creditor)
	(name of creditor)
-	(address of creditor)
SEC1	TION 7- GUARANTOR OR CO-MAKER
	ach guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or ded and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)
a)	Not Applicable
ـــرت	(name)
	(address)
b) _	(name)
_	
	(address)

#### **SECTION 8- GIFTS**

01-23-13

List the source, date, description, and a reasonable estimate of the fair market value of each gift of more than \$100 received by you or your spouse and of each gift of more than \$250 received by your dependent children. The term "gift" is defined as "any payment, entertainment, advance, services, or anything of value unless consideration of equal or greater value has been given therefor." There are a number of exceptions to the definition of "gift." Those exceptions are set forth in the Instructions for Statement of Financial Interest prepared for use with this form. (Note: The value of an item shall be considered to be less than \$100 if the public servant reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within ten (10) days from the date the item was received.)

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	(date)		(fair market value)
		(source of gift)	

### **SECTION 9- AWARDS**

if you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics. Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive lifelong learning center, or a community college, the law requires you to disclose each monetary or other award over one hundred dollars (\$100) which you have received in recognition of your contributions to education. The information disclosed with respect to each such award should include the source, date, description, and a reasonable estimate of the fair market value.

		(description of award)
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_		(source of award)
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_	(date)	(fair market value)
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SECTION 11- DIRECT REGULATION OF BUSINESS

03:53PM

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

Not Applicab	<u>l</u> e
	(name of business)
	(governmental body which regulates or controls)
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	(governmental body which regulates or controls)
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	(name of business)
	(governmental body which regulates or controls)
isation paid for each catego	the governmental body for which you serve which have a total annual value in excess of \$1,000. List the cory of goods or services sold by you or any business in which you or your spouse is an officer, director, of the stock of the company.
isation paid for each catego	ory of goods or services sold by you or any business in which you or your spouse is an officer, director, % of the stock of the company.
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### **SECTION 13- SIGNATURE**

03:53PM

I certify under penalty of false swearing that the above information is true and correct

ignature

STATE OF ARKANSAS

COUNTY OF LUASKI } SS

Subscribed and

TONYA J. SMITH

MY COMMISSION # 12371080

EXPIRES: May 6, 2019

Pulaski County

day of <u>Sanuary</u>

Notary Public

My commission expires:

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(b)(3).

### **IMPORTANT**

### Where to file:

State or district candidates/public servants file with the Sccretary of State.

County, township, and school district candidates/public servants file with the county clerk.

Municipal candidates/public servants file with the city clerk or recorder, as the case may be.

Municipal judges and city attorneys file with the city clerk of the municipality in which they serve.

Members of regional boards or commissions file with the county clerk of the county in which they reside.

#### General Information:

- \* The Statement of Financial Interest should be filed by Junuary 31 of each year.
- The filing covers the <u>previous</u> calendar year.
- Candidates for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period to file as a candidate for elective office unless already filed by January 31.
- \* Agency heads, department directors, and division directors of state government shall file the Statement of Financial Interest within thirty (30) days of appointment or employment unless already filed by January 31.
- \* Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
- If a person is included in any category listed above for any part of a calendar year, that person shall file a Statement of Financial Interest covering that period of time regardless of whether they have left their office or position as of the date the statement is due.

For assistance in completing

State/District officials file with:

# STATEMENT OF FINANCIAL INTEREST

Calendar year covered 20 11 Mark Martin, Secretary of State this form contact: (Note: Filing covers the previous calendar year) State Capitol, Room 026 Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72201 Little Rock, AR 72203 Phone (501) 682-5070 Phone (501) 324-9600 Fax (501) 682-3548 Is this an amendment? 🔲 Yes 🔞 No Toll Free (800) 422-7773 Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting "Not Applicable" in that section. Do not leave any part of this form blank. If additional space is needed, you may attach the information to this document. SECTION 1- NAME AND ADDRESS NAUMAN (Last) (First) (Middle) DORAL DR LITTLE ROCK AR 717 (Street or P.O. Box Number) (State) 501-954-8181 (Zip Code) Spouse's name NAUMAN RENE (Middle) All names under which you and/or your spouse do business: \_\_ **SECTION 2- REASON FOR FILING** П Public Official \_\_\_\_\_ (office held) Candidate \_\_\_\_\_ (office sought) District Judge \_\_\_\_\_ (name of municipality) City Attorney \_\_\_\_\_ (name of city) State Government: Agency Head/Department Director/Division Director \_\_\_\_ (name of agency/department/division) Chief of Staff or Chief Deputy \_\_\_ (name of Constitutional Officer, Senate, or House of Representatives) Public appointee to State Board or Commission SCIENCE ETECHNOLOGY BUTHOR 177  $\mathbf{X}$ (name of board/commission) School Board member \_\_\_\_\_ (name of school district) П Candidate for school board (name of school district) П Public or Charter School Superintendent (name of school district/school) Executive Director of Education Service Cooperative \_\_\_\_ (name of cooperative) Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission): ☐ Planning board or commission \_\_\_\_\_ ☐ Airport board or commission \_\_\_\_ ☐ Water or Sewer board or commission \_\_\_\_\_ ☐ Utility board or commission \_

	☐ Civil Service commiss	ion	
		<u></u> -	
SECT	ON 3- SOURCE OF INC	<u>OME</u>	
or your	r spouse receives gross inco that constitute a portion of	me amounting to more than \$1,00	ou, your spouse, or any other person for the use or benefit of you it. (You are not required to disclose the individual items of or profession from which you or you spouse derives income. For we to list their individual clients.) If you receive gross income meet.
	Thack appropriate box:	More than \$1,000	More than \$12,500
-, -		GLEX INCORPO	
	10101	LINGLER DR M	AUMELLE PR
_		J MICHAEL	NAUMAN
-		(name under wh	ich income received)
Pro	ovide a brief description of	the nature of the services for which	h the compensation was received
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b) С	heck appropriate box:	☐ More than \$1,000	☐ More than \$12,500
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# **FION 4- BUSINESS OR HOLDINGS**

ist the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period.

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# FION 4- BUSINESS OR HOLDINGS

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(name of corporation, firm or enterprise)  (name under which investment held)  Check appropriate box:    More than \$1,000   More than \$12,500
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(name under which investment held)  Check appropriate box:  More than \$1,000  (name of corporation, firm or enterprise)  (name of corporation investment held)  Check appropriate box:  (name under which investment held)  Check appropriate box:  More than \$1,000
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Check appropriate box:    More than \$1,000   More than \$12,500
(name of corporation, firm or enterprise)  (address)  (name under which investment held)  Check appropriate box:  More than \$1,000  Vana Gard Sund Sund Sund Sund Sund Sund Sund Sun
(name of corporation, firm or enterprise)  10 5 Colorado 5 200 A Deuse. (Colorado 5
(name of corporation, firm or enterprise)  105 Colorado S. 1200 P. Deuse C.  (address)  (name under which investment held)  Check appropriate box:  More than \$1,000  Vana Gard Sund S.  (name of corporation, firm or enterprise)  155 Deven Park D.
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(name under which investment held)

# **SECTION 4- BUSINESS OR HOLDINGS**

List the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period.

2)	Check appropriate box:	More than \$1,000	More than \$12,500		
a)		(name of corporation	fiffil (il chicidias)		
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		(add	dress)		
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د.	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
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The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A.§ 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

### **SECTION 4- BUSINESS OR HOLDINGS**

List the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period.

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	J Michael Name-				
		(name under wh	ich investment held)		
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f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of corporation, firm or enterprise)				
	(address)				
		(name under wh	ich investment held)		

# SECTION 5- OFFICE OR DIRECTORSHIP

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

a)	MOLEX INCORPORATED
ω,	(name of husiness, comporation, tirm, or enterprise)
	101 BRINGLER DR MAUMELLE AR
	(address)  ACCOLOGIC DENT CLARRY THE GRATEN PRODUCTS DIVISION
	EXECUTIVE VICE PRESIDENT PRESIDENT GLOBAL INTEGRATED PRODUCTS DIVISION (office or directorship held)
	J MICHAEL NAUMAN
	(name of office holder)
b)	(name of business, corporation, firm, or enterprise)
	(address)
	(office or directorship held)
	(name of office holder)
SEC	TION 6- CREDITORS
ctill	each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by a financial institution or a person who regularly and customarily extends credit.)
د.	N/A
aj	(name of creditor)
	(address of creditor)
b)	(name of creditor)
	(name of cieutor)
	(address of creditor)
c)	
-	(name of creditor)
	(address of creditor)
CE4	CTION 7- GUARANTOR OR CO-MAKER
List	each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or inded and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)
	11.3 m
a)	N/P
	(name)
	(address)
h	
•	(name)
	(address)
	(Address)

### **SECTION 8- GIFTS**

List the source, date, description, and a reasonable estimate of the fair market value of each gift of more than \$100 received by you or your spouse and of each gift of more than \$250 received by your dependent children. The term "gift" is defined as "any payment, entertainment, advance, services, or anything of value unless consideration of equal or greater value has been given therefor." There are a number of exceptions to the definition of "gift." Those exceptions are set forth in the Instructions for Statement of Financial Interest prepared for use with this form. (Note: The value of an item shall be considered to be less than \$100 if the public servant reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within ten (10) days from the date the item was received.)

a)	<u> </u>	NIA	
-,		(description of gift)	
	(date)		(fair market value)
<del></del>		(source of gift)	
b)		<u> </u>	
·		(description of gift)	
	(date)		(fair market value)
		(source of gift)	
c)			
,		(description of gift)	
	(date)		(fair market value)
		(source of gift)	
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		(description of gift)	
	(date)		(fair market value)
		(source of gift)	
e)			
		(description of gift)	
	(date)		(fair market value)
		(source of gift)	
f)		(1) (1) (2)	
		(description of gift)	
	(date)		(fair market value)
		(source of gift)	
g)		(description of gift)	<u> </u>
<del>1</del>		(gangathum as Burl	(File - detuglie)
	(date)		(fair market value)
<del></del>		(source of gift)	

### **SECTION 9- AWARDS**

If you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive life-long learning center, or a community college, the law requires you to disclose each monetary or other award over one hundred dollars (\$100) which you have received in recognition of your contributions to education. The information disclosed with respect to each such award should include the source, date, description, and a reasonable estimate of the fair market value.

a)		NIA	
-, <u></u>		(description of award)	
	(date)	(fair market value)	
		(source of award)	· <del>-</del>
b)		(description of award)	
	(date)	(fair market value)	
		(source of award)	
c)		(description of award)	
	(date)	(fair market value)	
		(source of award)	
d)		(description of award)	
	(date)	(fair market value)	
	,	(source of sward)	
List each	N 10- NONGOVERNMENTAL SO nongovernmental source of payment appear in your official capacity when	of your expenses for food, lodging, or travel which bears a relationship to you	r office
a)		NIA	
<u></u>	(n	ame of person or organization paying expense)	
		(business address)	
	(date of expense)	(amount of expense	;)
		(nature of expenditure)	
b)	(x	ame of person or organization paying expense)	
		(address)	<del></del>
	(date of expense)	\$ (amount of expense	e)
		(nature of expenditure)	

### SECTION 11- DIRECT REGULATION OF BUSINESS

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve. (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) (name of business) (governmental body which regulates or controls) SECTION 12- SALES TO GOVERNMENTAL BODY List the goods or services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, director, or stockholder owning more than 10% of the stock of the company. (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold) (compensation paid) (goods or services) (governmental body to whom sold)

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of A.C.A.§ 21-8-401 through § 21-8-804. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

(compensation paid)

# SECTION 13- SIGNATURE

I certify under penalty of false swearing that the above information is true and correct. Muhnel Th

STATE OF ARKANSAS

} ss

COUNTY OF K

Subscribed and sworn before me this

(Legible Notary Seal)

My commission expires:  $08 \cdot 28 \cdot 22$ 

OFFICIAL SEAL - #12389543 MARY K. STOKES NOTARY PUBLIC-ARKANSAS PULASKI COUNTY MY COMMISSION EXPIRES: 08-28-22

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(b)(3).

# **IMPORTANT**

## <u>Where to file:</u>

State or district candidates/public servants file with the Secretary of State. County, township, and school district candidates/public servants file with the county clerk. Municipal candidates/public servants file with the city clerk or recorder, as the case may be. Municipal judges and city attorneys file with the city clerk of the municipality in which they serve. Members of regional boards or commissions file with the county clerk of the county in which they reside.

### General Information:

- The Statement of Financial Interest should be filed by January 31 of each year.
- The filing covers the previous calendar year.
- Candidates for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period to file as a candidate for elective office unless already filed by January 31.
- Agency heads, department directors, and division directors of state government shall file the Statement of Financial Interest within thirty (30) days of appointment or employment unless already filed by January 31.
- Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
- If a person is included in any category listed above for any part of a calendar year, that person shall file a Statement of Financial Interest covering that period of time regardless of whether they have left their office or position as of the date the statement is due.